## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10629781

| CLAIMS AS FILED - PART I<br>(Column 1)   |  |   |                                     |                               | (Column 2)                  |                                     |        | SMALL ENTITY TYPE  |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|-------------------------------------|-------------------------------|-----------------------------|-------------------------------------|--------|--------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 11                                  |                               |                             |                                     | Г      | RATE               | FEE                    |    | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                        |                               | NUMBER EXTRA                |                                     | 8      | BASIC FEE          | 375.00                 | OR | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | \\ minus 20=                        |                               | * C)                        |                                     |        | X\$ 9=             |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |  |   | minus 3 =                           |                               | * 9/                        |                                     |        | X42=               |                        | OR | X84=                       |                        |
| MU   | LTIPLE DEPEN                           | DENT CLAIM PE                             | RESENT                              |                               |                             |                                     |        | +140=              |                        | OR | +280=                      |                        |
| * If   | the difference                         | in column 1 is                            | less than ze                        | ro, ente                      | r "0" in c                  | column 2                            | L      | TOTAL              |                        | OR | TOTAL                      | 759                    |
| CLAIMS AS AMENDED - PART II  |  |   |                                     |                               |                             |                                     |        |                    |                        |    | OTHER THAN                 |                        |
|  |  | (Column 1)<br>CLAIMS                      | (Colum                              |                               |                             |                                     |        |                    |                        | OR |                            |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                     | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY                | PRESENT<br>EXTRA                    |        | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total                                  | *   | Minus                               | **                            |                             | =                                   |        | X\$ 9=             |                        | OR | X\$18=                     |                        |
|  | Independent                            | *   | Minus                               | ***                           | T CL AINA                   | =                                   |        | X42=               |                        | OR | X84=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                                     |                               |                             |                                     |        | +140=              |                        | OR | +280=                      |                        |
|  |  |   |                                     |                               |                             |                                     |        | TOTAL<br>DDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |                                     | (Colu                         |                             | (Column 3)                          |        |                    |                        |    |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY               | PRESENT<br>EXTRA                    |        | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total                                  | *   | Minus                               | **                            |                             | =                                   |        | X\$ 9=             |                        | OR | X\$18=                     |                        |
|  | Independent                            | *   | Minus                               | ***                           |                             | =                                   |        | X42=               |                        | OR | X84=                       |                        |
| L  | FIRST PRESE                            | NTATION OF MU                             | JLTIPLE DEF                         | ENDEN                         | CLAIM                       |                                     | ¹  -   | +140=              |                        | OR | +280=                      |                        |
|  |  |   |                                     |                               |                             |                                     | L<br>A | TOTAL<br>DDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |                                     | (Colu                         | mn 2)                       | (Column 3)                          |        |                    |                        |    |                            |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY               | PRESENT<br>EXTRA                    |        | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total                                  | *   | Minus                               | **                            |                             | =                                   |        | X\$ 9=             |                        | OR | X\$18=                     |                        |
|  | Independent                            | *  NTATION OF MI                          | Minus                               | ***                           | T CL AIM                    | =                                   |        | X42=               |                        | OR | X84=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=   |  |   |                                     |                               |                             |                                     |        |                    |                        | OR | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |                                     |                               |                             |                                     |        |                    |                        | ΛR | TOTAL<br>ADDIT. FEE        |                        |
| ***  | If the "Highest Nu<br>The "Highest Nun | mber Previously Pa<br>nber Previously Pa  | aid For" IN THI<br>id For" (Total o | S SPACE<br>r Independ         | is less tha<br>lent) is the | an 3, enter "3."<br>e highest numbe |        |                    | ropriate box           |    |                            |                        |